

Section 754.EXHIBIT A Summary Sheet (Form RF-3)**FORM (RF-3)****SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>63,214,145</u>	<u>-2.4%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: NA

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopting the loss costs and rating values from NCCI's Circular IL-2014-03 Illinois - Voluntary Advisory Loss Costs, Rates, and Rating Values.

The overall rate effect is -2.4%. Our Loss Cost Multiplier is changing to 1.717.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

ACUITY, A Mutual Insurance Company

Name of Company

Regulatory Filing Technician

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 3/1/2015

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	<u>\$1,096,629</u>	<u>-5.50%</u>
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, we are moving class 2070 from
the debited to the standard Loss Cost Multipliers.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting
the NCCI loss costs IL-2014-03 effective March 1, 2015.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Addison Insurance Company

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	45,892	-5.8
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing for adoption of NCCI Advisory Rates approved under NCCI Circular IL-2014-06 with deviation, to be effective January 1, 2015.

Revision of Miscellaneous Values - Premium Determination for Partners and Sole Proprietors.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

American Business & Mercantile Insurance Mutual, Inc.

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2015.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>2,684,077</u>	<u>-6.2%</u>
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____
 We want to set our own rates for the coal OD codes (0156-1, 0156-2, 0158-1, 0158-2)

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____
 We are adopting the NCCI 1/1/15 loss costs except for the coal OD codes. We would like to set our own rates for
 those codes because we do not believe the new NCCI loss costs for those codes are reasonable.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Mining Insurance Company
 Name of Company

Mike Carney - Assistant VP, Compliance
 Official — Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1/1/2015.

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>\$181,378</u>	<u>+4.0%</u>
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: This filing applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): This filing adopts advisory loss costs filed by NCCI in
IL-2014-03 and approved in IL-2014-06. We are filing class specific LCMs.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

American National Property and Casualty Company
Name of Company
Shelby Dodd – Compliance Analyst
Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	153,720	-9.6
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Arognaut Great Central Insurance Company
Name of Company

Stefanie Westerdahl Sr. Regulatory Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	<u>4,639,785</u>	<u>-6.6%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company
Name of Company

Stefanie Westerdahl Sr. Regulatory Analyst
Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>WC</u>	894,160	-4.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company
Name of Company

Stefanie Westerdahl Sr. Regulatory Analyst
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>5,345,600</u>	<u>-5.4</u>
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting NCCI's revised loss costs per circular IL-2014-06 and IL-2013-05
while maintaining each company's current expense multiplier. This filing will apply to all new
and renewal business with effective dates on or after January 1, 2015

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

BITCO National Insurance Company

Name of Company

Dan Trotter, Director - Rate Dev & Filings

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	10,737,714	-5.4
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting NCCI's revised loss costs per circular IL-2014-06 and IL-2013-05
while maintaining each company's current expense multiplier. This filing will apply to all new
and renewal business with effective dates on or after January 1, 2015

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

BITCO General Insurance Corporation

Name of Company

Dan Trotter Director - Rate Dev & Filings

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$26,384,965	-6.2% (est)
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the 1/1/2015 NCCI loss costs and rating values. Current LCM of 1.56 will apply to the NCCI loss costs adopted with this filing.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

BrickStreet Mutual Insurance Company

Name of Company

Bob Crossan, Vice President of Underwriting

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$23,587,704	-3.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Charter Oak Fire Insurance Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective (\$353,747) Effective 01-01-15.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Worker's Compensation</u>	\$ 5,334,255	-6.63%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Church Mutual Insurance Company

Name of Company

Lynn Reichelt - Product Supervisor - Casualty Lines

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	39,998,700	-4.8
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 1/1/2015. Please reference NCCI circulars IL-2014-06, IL-2014-05 and IL-2014-03.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company

Name of Company

Mark Plunkett - Filing Analyst III

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	11,424,435	-3.3
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 1/1/2015. Please reference NCCI circulars IL-2014-06, IL-2014-05, and IL-2013-03.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company

Name of Company

Mark Plunkett - Filing Analyst III

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,928,845	-5.0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All Classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 1/1/2015. Please reference NCCI circulars IL-2014-06, IL-2014-05 and IL-2014-03

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company
Name of Company

Mark Plunkett - Filing Analyst III
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

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SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	784,790 (CY2013)	-6.2%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

No _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____

To adopt NCCI's 1/1/2015 loss costs _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Crum & Forster Indemnity Company

Name of Company

Laura Massa - State Filings Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>711,322</u>	<u>-5.5%</u>
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Falls Lake National is filing to adopt NCCI 01/01/2015 loss costs.

This filing includes a specific loss cost multiplier that will apply to certain segments of the healthcare industry.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Falls Lake National Insurance Company

Name of Company

Thomas R. Fauerbach, CFO & Chief Actuary

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$7,401,780	-3.4%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Farmington Casualty Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS

SUMMARY SHEET (Form RF- 3)

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	<u>\$8,100,000 ***</u>	<u>15%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

The filed rate change pertains to our Taxi business in class code 7370 and applies to all risks equally.

Brief Description of filing (If filing follows rates of an advisory organization, specify organization):

With this filing, we are proposing a rate increase of 15% for our New & Renewal Worker's Compensation Business
effective 1/1/15. Our product follows the most recent product filed by the National Council on Compensation Insurance,
Inc. (NCCI), with whom we have established affiliation. We will be using the most current NCCI advisory rates, rules,
forms, and policy, which are effective on 1/1/2015.

*** The premium volume of \$8,100,000 represents the estimated premium volume for this product in 2014.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from the application of new rates.

FIRST CHICAGO INSURANCE COMPANY

Name of Company

Lindsey Gohn - Product Director

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 5/1/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,829,424	9.3 %
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

With this filing we are adopting the rate revisions set forth in NCCI Circular IL-2014-06 and amending our deviation structure.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Graphic Arts Mutual Insurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1/1/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$5,388,906	-4.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are filing to adopt the NCCI advisory loss costs effective 1/1/2015. We are not filing to revise our currently approved LCM of 1.850.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Great Divide Insurance Company

Name of Company

Bryan Stewart, AVP, Actuary

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	11,312,352	-4.7%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Filing for adoption of NCCI Advisory Rates approved under NCCI Circular IL-2014-06 with deviation, to be effective January 1, 2015.

Revision of Miscellaneous Values - Premium Determination for Partners and Sole Proprietors.

* Adjusted to reflect all prior rate changes.

** change in Company's premium level which will result from application of new rates.

Great West Casualty Company

Name of Company

Janice L. Hohenstein, CPCU

Actuarial Analyst

Official - Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	20,556,885	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Accident and Indemnity Company will deviate -30% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.303.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Accident and Indemnity Company

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	5,162,803	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate 20% from the group rates.
including a loading for our own expenses with an expense multiplier of 2.234.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Casualty Insurance Company

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	18,634,374	-5.7%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Fire Insurance Company will deviate -10% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.676.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Fire Insurance Company

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	19,616,105	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -45% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.024.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Insurance Company of the Midwest

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Filing Date: 9/15/2014

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	18,326,401	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company Of Illinois will deviate -20% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.490.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Insurance Company Of Illinois

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	23,637,129	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates.
including a loading for our own expenses with an expense multiplier of 2.048.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Underwriters Insurance Company

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$92,646	-6.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI's Workers Compensation Loss Costs

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

HDI-Gerling America Insurance Company

Name of Company

Kevin Purcell - Vice President IRC, LLC

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>49,819,344</u>	<u>-6.2%</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of NCCI's Voluntary Advisory Rates and Rating Values

approved effective January 1, 2015.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Insurance Company of the West

Name of Company

Tammy Steinell, Sr. Filing Analyst

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	36,206	+1.2%

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Advisory Loss Costs for IL effective 1/1/2015, as detailed in Circular No. IL-2014-04. The current Standard LCM of 1.88 and the Preferred LCM of 1.69 for deviated classes will remain the same.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Markel Insurance Company

Name of Company

Margaret Pollard Senior Compliance Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1/1/2015

(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	<u>\$528,751</u>	<u>-0.061</u>
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,

This is a reference filing for MEMIC Indemnity Company. We are adopting the change made by NCCI in
specify: Circular IL-2014-06. The rate decrease shown above is the overall rate impact for our own book of business.

Brief description of filing. (If filing follows rates of an advisory
Organization, specify

organization): MEMIC Indemnity Company is adopting the 01/01/2015 NCCI Voluntary Advisory Rates effective 01/01/2015. Our only deviation is unchanged from all prior filings - our maximum minimum premium of \$750 is filed instead of NCCI's maximum minimum premium of \$1,000. Please see the attached Manual Exception Page which reflects this deviation and shows the premium algorithm we filed for years 2006-2014. We are also updating our large deductible credit factors to reflect NCCI's current excess loss and allocated expense factors and current company expenses.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

MEMIC Indemnity Company

Name of Company

Jeannine Reuillard - Sr Compliance Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	181,248	-6.2%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): _____

Adopting NCCI lost cost filing effective January 1, 2015

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Midwest Builders Casualty Mutual Company

Name of Company

Rose Kasper - Compliance Officer

Official -- Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)**FORM (RF-3)****SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	4,031,928	-5.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): 2015 WC Rates - NCCI

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Midwest Family Mutual Insurance Company

Name of Company

Cindy J. Kosen

R&D Business Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2015.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	9,538,388	-4.33
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify There are no territories in this filing, however, the filing
does carry deviations for NCCI classifications. See attached Miscellaneous Values Page and Classification Deviation Listing supplements.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopting NCCI's January 1, 2015 Advisory Rates
and deviating approved NCCI classifications.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Midwest Insurance Company

Name of Company

Helen Schroeder - Senior Compliance Specialist

Official — Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-15

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>\$1,908,722</u>	<u>2.1</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the Illinois Workers Compensation NCCI loss costs in circular IL-2014-03.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Mutual Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-15 (1) (2)

<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,299,020</u>	<u>-0.7</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the Illinois Workers Compensation NCCI loss costs in circular IL-2014-03.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Mutual Fire Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1-1-15

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$137,242	1.4
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt the Illinois Workers Compensation NCCI loss costs in circular IL-2014-03.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Nationwide Property & Casualty Insurance Company

Name of Company

Marie T. Safreed, State Filing Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	1,350,319 (CY2013)	-6.2%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____

To adopt NCCI's 1/1/2015 loss costs _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

The North River Insurance Company

Name of Company

Laura Massa - State Filings Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$4,149,713	-6.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the 1/1/2015 NCCI loss costs and rating values. Current LCM of 1.87 will apply to the NCCI loss costs adopted with this filing.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

NorthStone Insurance Company

Name of Company

Bob Crossan, Vice President of Underwriting

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 16.0 Workers Compensation	\$1,463,209	-3.00%
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Adoption of NCCI'S Workers Compensation Loss

Costs and Company LCM Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Nova Casualty Company

Name of Company

Sonja Rodebaugh, VP & Director of Compliance (M&C)

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$30,174,625	-2.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$5,977,601	-6.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the 1/1/2015 NCCI loss costs and rating values. Current LCM of 2.15 will apply to the NCCI loss costs adopted with this filing.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

PinnaclePoint Insurance Company

Name of Company

Bob Crossan, Vice President of Underwriting

Official – Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	7,685,501	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Property and Casualty Insurance Company of Hartford will deviate 30% from the group rates.
including a loading for our own expenses with an expense multiplier of 2.421.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Property and Casualty Insurance Company of Hartford

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 5/1/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	345,319	6.9 %
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

With this filing we are adopting the rate revisions set forth in NCCI Circular IL-2014-06 and amending our deviation structure.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Republic-Franklin Insurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	<u>4,194,780</u>	<u>-8.1%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see explanatory memo.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of
America

Name of Company

Sean Ritson – AVP – C/L Pricing

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	<u>7,757,988</u>	<u>-6.6%</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see explanatory memo.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of
South Carolina

Name of Company

Sean Ritson – AVP – C/L Pricing

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

(1) <u>Coverage</u>		(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>3,707,014</u>	<u>-2.2%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Please see explanatory memo.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of
the Southeast

Name of Company

Sean Ritson – AVP – C/L Pricing

Official - Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	17,682,570	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.396.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Sentinel Insurance Company, Ltd.

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,445,716	0
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

NCCI - Illinois Adoption - Illinois Voluntary Market Advisory Rates

Loss Costs and Rating Values. Circular # IL-2014-06

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Sompo Japan Insurance Company of America

Name of Company

Temica Taylor, State Filings Analyst

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 01/01/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$211,943	0
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

NCCL - Illinois Adoption - Illinois Voluntary Market Advisory Rates, Loss, Costs, and Rating Values. Circular # IL-2014-06

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Sompo Japan Fire and Marine Insurance Company of America

Name of Company

Temica Taylor, State Filings Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$7,618,952	-3.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Standard Fire Insurance Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$5,967,985	-6.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the 1/1/2015 NCCI loss costs and rating values. Current LCM of 1.17 will apply to the NCCI loss costs adopted with this filing.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

SummitPoint Insurance Company

Name of Company

Bob Crossan, Vice President of Underwriting

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$14,984,619	-2.8%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty Insurance Company of America

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$15,810,315	-3.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Casualty & Surety Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$6,534,210	-2.9%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of Connecticut

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$37,951,768	-2.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$17,940,315	-3.8%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2015

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$19,335,167	-2.5%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2014-06.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company

Name of Company

Holly DuBord, Sr. Regulatory Analyst

Official - Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	54,758,811	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Twin City Fire Insurance Company will deviate 0% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.862.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Twin City Fire Insurance Company

Name of Company

Elizabeth Creighton

Analyst Actuary

Official-Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 3/1/2015

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$9,426,352	-6.10%
<u>Line of Insurance</u>		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, we are moving class 2070 from
the debited to the standard Loss Cost Multipliers.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting
the NCCI loss costs IL-2014-03 effective March 1, 2015, and revising our Loss Cost Multiplier for the credited classes.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United Fire & Casualty

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective January 1, 2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	6,908,253 (CY2013)	-6.2%
	<u>Life of Insurance</u>		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____

To adopt NCCI's 1/1/2015 loss costs _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

United States Fire Insurance Company

Name of Company

Laura Massa - State Filings Specialist

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 5/1/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	1,356,738	8.0 %
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

With this filing we are adopting the rate revisions set forth in NCCI Circular IL-2014-06 and amending our deviation structure.

We are amending our deviation

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Utica Mutual Insurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

Official -- Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1/1/2015.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	5251655	-2.4
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Adoption of NCCI Workers Compensation Reference Filing Number IL-2014-06

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Vanliner hereby Submits for your approval our adoption of the NCCI new advisory rates effective 1/1/15, with a +1-5% deviation applying to

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Vanliner Insurance Company

Name of Company

Ashley Hamilton - Compliance Specialist

Official - Title

Filing Date: 9/15/2014

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by
rate revision effective

April 01, 2015

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers' Compensation</u>	17,835,116	-5.6%
	Line of Insurance		

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Trumbull Insurance Company will deviate -40% from the group rates.
including a loading for our own expenses with an expense multiplier of 1.117.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Trumbull Insurance Company
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

ILLINOIS**ILLINOIS SUMMARY SHEET
FORM RF-3**

Change in company's premium or rate level produced by rate revision effective

1/1/2015

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers' Compensation	14,051,627	-5.5%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) We are filing to adopt
the approved NCCI rates effective January 1, 2014. We are filing to adopt the approved NCCI rates effective
January 1, 2015. We are maintaining our selected class deviations previously approved effective January 1, 2014.
We are also adopting Item Filings B-1426 and B-1427.

* Adjusted to reflect all prior rate changes.

** Change in company's premium level which will result from application of new rates.

Zenith Insurance Company
Name of Company

Jason Clarke, Executive Vice President & Chief Actuary
Official - Title